

ICMJE DISCLOSURE FORM

Date: 2021-06-03
 Your Name: Shuai Bai
 Manuscript Title: Immune-related adverse event profile of combination treatment of PD-(L)1 checkpoint inhibitors and bevacizumab in NSCLC patients: data from the FDA adverse event reporting system
 Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 2021-06-03

Your Name: Tiantian Tian

Manuscript Title: Immune-related adverse event profile of combination treatment of PD-(L)1 checkpoint inhibitors and bevacizumab in NSCLC patients: data from the FDA adverse event reporting system

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ICMJE DISCLOSURE FORM

Date: 2021-06-03

Your Name: Jose M. Pacheco

Manuscript Title: Immune-related adverse event profile of combination treatment of PD-(L)1 checkpoint inhibitors and bevacizumab in NSCLC patients: data from the FDA adverse event reporting system

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Date: 2021-06-03
 Your Name: Motoko Tachihara
 Manuscript Title: Immune-related adverse event profile of combination treatment of PD-(L)1 checkpoint inhibitors and bevacizumab in NSCLC patients: data from the FDA adverse event reporting system
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 Your Name: Pingping Hu
 Manuscript Title: Immune-related adverse event profile of combination treatment of PD-(L)1 checkpoint inhibitors and bevacizumab in NSCLC patients: data from the FDA adverse event reporting system
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